

Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning 7/1/2018 thru 6/30/2021.

Employer: Lacey Township Board of Education

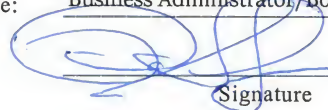
County: Ocean

Date: 3/21/2019

Name: Patrick S. DeGeorge

Print Name

Title: Business Administrator/Board Secretary


Signature

SUMMARY FORM

COLLECTIVE BARGAINING AGREEMENT PUBLIC SECTOR / NON-POLICE & NON-FIRE

Section I: Agreement Details

Public Employer: Lacey Township Board of Education County: Ocean
 Employee Organization: Lacey Township Child Study Team Association Employees in Unit: 12
 Base Year Contract Term: 7/1/2017 6/30/2018 New Contract Term 7/1/2018 6/30/2021
 Type of Settlement: ☐ Mediated Settlement ☐ Fact-Finder Recommendation ☒ Voluntary Settlement ☐ Super Conciliation

	Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic		
Item 1 <u>Salary</u>	\$870,317	\$902,331
Item 2 <u>Increment</u>	\$0	\$0
Item 3 <u>Longevity</u>	\$15,550	\$16,130
Item 4 <u>CEUs</u>	\$1,750	\$259
Item 5		
Item 6		
Item 7		
Item 8		
Item 9		
Item 10		
Item 11		
Item 12		
Any additional items list on separate sheet Additional Items		
Section III: Totals - Sum of costs in each column	\$887,617	\$918,720
	(Total)	(Total)

Section IV: Analysis of new successor agreement

NEW AGREEMENT ANALYSIS

Total Base Year (previous agreement) \$887,617

Effective Date (m/d/yyyy)	<u>7/1/2018</u>	<u>7/1/2019</u>	<u>7/1/2020</u>			
Percent Increase	<u>3.50%</u>	<u>3.50%</u>	<u>3.50%</u>			
Total cost of increase ..	<u>\$30,514</u>	<u>\$31,581</u>	<u>\$32,687</u>			
Total base salary (successor agreement)	<u>\$902,331</u>	<u>\$933,912</u>	<u>\$966,599</u>			

Section V: Impact of Settlement - average annual increase over term of agreement

Percentage Impact (average per year over term of agreement) 3.50
 Dollar Impact (average per year over term of agreement) \$31,594.00

Section VI

Health Insurance (indicate costs associated on each line)

	Base Year	Year 1				
Cost of Health Plan	\$236,779	\$231,336				
Employee Contributions	\$69,426	\$70,943				
Prescription	\$76,224	\$78,129				
Dental	\$12,580	\$10,203				
Vision	\$0	\$0				

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Section VII

Prepared by: Patrick S. DeGeorge Title: Business Administrator/Board Secretary
 Signature: [Signature] Date: 3/21/2019

Lacey Township School District
LTCSTA
Health Insurance Information for PERC

	FY18	FY19	
Medical	236,779	231,336	
EE Contributions	69,426	70,943	
Prescription	76,224	78,129	
Dental	12,580	10,203	
Vision	-	-	
Total # of LTCSTA members with benefit coverage			9
Total # of LTCSTA members			12
			75%